

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001691

FILED
Jan 28, 2008
Secretary of State

Entity Name: ROCK SPRINGS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

950 S. WINTER PARK DRIVE
SUITE 350
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

950 S. WINTER PARK DRIVE
SUITE 350
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 20-4309149 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAGEN, DEBORAH D
950 S. WINTER PARK DRIVE
SUITE 350
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAGEN, DEBORAH D
Address: 950 S. WINTER PARK DRIVE, STE 350
City-St-Zip: CASSELBERRY, FL 32707

Title: VP () Delete
Name: HAGEN, TERRY D
Address: 950 S. WINTER PARK DRIVE, STE 350
City-St-Zip: CASSELBERRY, FL 32707

Title: SECR () Delete
Name: HAGEN, TERRY D
Address: 950 S. WINTER PARK DRIVE, SUITE 350
City-St-Zip: CASSELBERRY, FL 32707

Title: TR () Delete
Name: HAGEN, DEBORAH D
Address: 950 S. WINTER PARK DRIVE, STE 350
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GREENWALT, THOMAS
Address: 955 KELLER ROAD, SUITE 150
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP (X) Change () Addition
Name: GOLDFARB, ROBERT
Address: 955 KELLER ROAD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SECR (X) Change () Addition
Name: HAGEN, DEBORAH D
Address: 950 S. WINTER PARK DRIVE, SUITE 350
City-St-Zip: CASSELBERRY, FL 32707

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH D. HAGEN

TR

01/28/2008

Electronic Signature of Signing Officer or Director

_____ Date